

Division of Health Service Regulation

PRINTED: 02/17/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/05/2020
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NAME OF PROVIDER OR SUPPLIER
B & L FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**842 CANE CREEK ROAD
BAKERSVILLE, NC 28705**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section completed a Annual and follow-up survey on 02/04/2020 and 02/05/2020.	C 000		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to offer or make snacks available to residents three times daily. The findings are: Interview with the Administrator on 02/04/20 at 10:05am revealed there were 4 residents who resided in the facility. Interview with a resident on 02/04/20 at 10:30am revealed the residents did not receive snacks during the day. Interview with a second resident on 02/04/20 at 10:37am revealed: -The facility did not provide snacks. -Family members would bring snacks and the resident would hide the snacks in their bedroom. Interview with a third resident on 02/04/20 at 10: am revealed:	C 272		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Iouella Buchanan TITLE
ADMIN 3/8/2020
F7RS11
Reviewed + Approved 4/16/2020 RM

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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
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C 272	<p>Continued From page 1</p> <ul style="list-style-type: none"> -There were no snacks provided. -The resident would "just die for a little something sometimes" referring to a snack. -Residents had to supply their own snacks if they wanted snacks. -The Administrator would provide cookies or cakes at meal time only. -If they did not eat their dessert at meal time they would sneak the dessert back to their room to eat later. <p>Observations in the facility on 02/04/20 from 10:00am-2:00pm revealed snacks were not offered or made available to residents.</p> <p>Observations in the facility on 02/04/20 from 2:40pm-5:00pm revealed snacks were not offered or made available to residents.</p> <p>Observations in the facility on 02/05/20 from 9:00am-3:00pm revealed snacks were not offered or made available to residents.</p> <p>Review of the facility regular diet menu on 02/04/20 revealed no snacks on the menu.</p> <p>Observation of the facility's available snack supplies on 02/04/20 at 12:30pm revealed:</p> <ul style="list-style-type: none"> -Several containers of sugar free cookies. -Several boxes of cake mixes and Brownie mixes. -A box of Saltine crackers, opened. -A jar of peanut butter. <p>Interview with the Administrator on 02/05/20 at 12:15pm revealed:</p> <ul style="list-style-type: none"> -Most of the residents kept snacks in their rooms. -If they want something they can just ask for it. -"We do not do snacks three times a day" because they all have snacks in their rooms and 	C 272		
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PT8511
Louella Buchanan
ADMIN
3/8/2020
If continuation sheet 2 of 16

HP Photosmart 7520 Series

Fax Log for

Mar 27 2020 3:11PM

PRINTED: 02/17/2020
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(BY) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL051008

(K2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(K3) DATE SURVEY
COMPLETED

R

02/05/2020

Last Transaction

B & L FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

842 CAME CREEK ROAD

BAKERSVILLE, NC 28705

Date

Time

STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

Station ID
10197339379

ID
PREFIX
TAG

Duration

Pages

Result

Mar 27

8:09PM

0:00

0

No answer

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(K5)
COMPLETE
DATE

C 272 Continued From page 2
one residents sugar level would go up.
-The facility had sugar free cookies, popcorn and
fruit and sugar free tea if the residents wanted it.
-She would be sure to offer snacks from now on.

C 272

SNACKS ARE PROVIDED TO EACH
RESIDENT 3 TIMES PER DAY.
IMMEDIATELY

C 288 10A NCAC 13G .0905(a) Activities Program

10A NCAC 13G .0905 Activities Program
(a) Each family care home shall develop a
program of activities designed to promote the
residents' active involvement with each other,
their families, and the community.

C 288

ACTIVITIES ARE OFFERED TO
RESIDENTS. THEY ARE
ENCOURAGED TO PARTICIPATE
AND MAKE SUGGESTIONS FOR
ACTIVITIES THEY WOULD BE
INTERESTED IN.

This Rule is not met as evidenced by:
Based on observations, interviews and record
reviews, the facility failed to develop and
implement an activity program that promoted
active involvement for all 4 residents who resided
in the facility.

The findings are:

Observation on 02/04/20 at 10:02am of activity
supplies in the main living room revealed:
-There was a two tiered shelf, open, cabinet that
contained 8 board games.
-There were 3 small puzzle boxes of various
sizes.

Observation on 02/04/20 at 10:05am of the
February 2020 activity calendar revealed:
-The calendar was posted between the dining
room and the laundry room.
-The calendar had the activity name and "two
hours" under each daily activity.

Random interviews with residents in the facility on
02/04/19 10:30am through 11:35am during the

RESIDENTS HAVE SHOWN NO
INTEREST IN ACTIVITIES
OTHER THAN WATCHING TV.

BIBLE STUDY WILL BE
STARTED WHEN ADMINISTRATOR
CAN FIND A CHURCH OR
INDIVIDUAL TO PROVIDE IT.
(BY MARCH 31)
SPECIFIC TIMES WILL
BE NOTED ON THE
ACTIVITIES CALENDAR
IMMEDIATELY

Louella Buchanan ADMIN
3/8/2020
* continuation sheet 3 of 16

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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705		
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C 288	<p>Continued From page 3</p> <p>initial tour revealed:</p> <ul style="list-style-type: none"> -One resident stated the facility did not have any activities but would participate if he did. -A second resident stated the residents did their "own thing" during the day as there were no activities. -A third resident stated there were no activities offered, "all we do is watch television all day long". <p>Observations in the facility on 02/04/20 from 10:00am-2:00pm revealed the scheduled activities for crafts were not offered to residents.</p> <p>Observations in the facility on 02/04/20 from 2:04pm-5:00pm revealed the scheduled activities for crafts were not offered to residents.</p> <p>Observations in the facility on 02/05/20 from 9:00am-3:00pm revealed the scheduled activity for "Bible Study for two hours" was not offered to residents.</p> <p>Interview with the Administrator on 02/04/20 at 2:00pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for completing the activity calendar. -She and the SIC both had their activity director certificates and could do activities with the residents. -Since the residents all had televisions in their rooms now they only want to stay in their rooms and watch their television. -She did not know she was supposed to put specific times on her activity calendar. -She did the calendar and they had games in the living room but the residents didn't want to play games. <p>Interview with the Supervisor-in-Charge (SIC) on</p>	C 288		

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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CAME CREEK ROAD BAKERSVILLE, NC 28705
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C 288	Continued From page 4 02/05/20 at 2:07pm revealed: -He was certified to do activities. -He had not asked the residents what activities they wanted to do. -The residents did not want to do anything but watch tv.	C 288		
C 294	10A NCAC 13G .0905(f) Activities Program 10A NCAC 13G .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that each resident had the opportunity to participate in at least one outing every other month for 3 of 4 residents residing in the facility. The findings are: Interviews on 02/04/20 at 10:30am through 11:35am during the initial tour with three residents revealed: -There were no outings. -Family members could take them on outings but the facility did not. -All three residents were unaware if their were outings scheduled on the activity calendar or not. -All three residents would like to go on outings. Review of the February 2020 activity calendar revealed: -The activity schedule was posted on a wall	C 294	OUTINGS WILL BE SCHEDULED EVERY OTHER MONTH FOR RESIDENTS. NOTED ON CALENDAR IMMEDIATELY.	


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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B & L FAMILY CARE HOME

842 CAME CREEK ROAD
BAKERSVILLE, NC 28705

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C 294	Continued From page 5 between the dining room and laundry room. -There were 14 hours of activities scheduled each week. -All Saturdays were scheduled for "Outings 3 hours" with no time or what the outing was to be. Interview on 02/05/20 at 2:00pm with the Administrator revealed: -It was hard to take the residents on outings and keep up with them as they would try to go off by themselves. -One residents family member did not want her to go out of the facility because she was concerned about the resident getting the flu. -One resident didn't like to be around other people but would sometimes go with the Supervisor-in-Charge through a drive through on his way back from an appointment. -She would try to take the residents on an outing when the weather was warmer.	C 294		
C 325	10A NCAC 13G .1003 (c) Medication Labels 10A NCAC 13G .1003 Medication Labels (c) The facility shall assure the container is relabeled by a pharmacist or a dispensing practitioner at the refilling of the medication when there is a change in the directions by the prescriber. The facility shall have a procedure for identifying direction changes until the container is correctly labeled. No person other than a pharmacist or dispensing practitioner shall alter a prescription label. This Rule is not met as evidenced by: Based on observations, interviews, and record	C 325		

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C 325 Continued From page 6

reviews, the facility failed to ensure the prescription medication was correctly labeled for 1 of 3 sampled residents (Resident #2) related to a change in the order for Clonazepam.

Review of Resident #2's current FL2 dated 03/07/19 revealed:

- Diagnoses included hepatic encephalopathy, seizure disorder, chronic pain and memory loss.
- Medication orders included Clonazepam 0.5mg 1/2 tablet twice daily and Clonazepam 0.5mg 1 tablet at bedtime

Review of Resident #2's medication list included on an electronically signed physician's dated 05/31/18 revealed Clonazepam 0.5mg 1/2 tab each morning, 1/2 tab near lunch and 1 tab at night.

Review of a physician's order sheet for Resident #2 signed 5/31/19 revealed an order for Clonazepam 0.5mg one tablet three times daily.

Review of Resident #2's March 2019-February 2020 Medication Administration Record (MAR) revealed Clonazepam 0.5mg 1/2 tablet each morning, 1/2 tablet near lunch and 1 tablet at night had been documented as administered from 03/07/19 to 02/05/20.

Review of the controlled substance sheet for Resident #2's Clonazepam revealed:

- Clonazepam had been given as 0.5mg 1/2 tablet each morning, 1/2 tablet near lunch and 1 tablet at night for December 2019, January 2020 and February 1, 2020 through February 4, 2020.
- The ending count was 61 tablets which was correct.
- There was no entry for clonazepam 0.5mg one tab three times daily.

C 325

PRESCRIPTION LABEL HAS BEEN CORRECTED BY PHARMACIST

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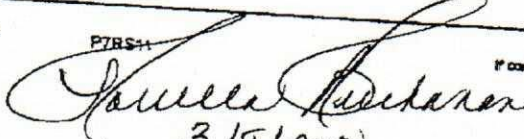
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(13) DATE SURVEY COMPLETED R 02/05/2020
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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
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C 325	<p>Continued From page 7</p> <p>Observation of Resident #2's medication on hand on 02/04/20 revealed: The label on the medication bottle had Clonazepam 0.5mg one tablet by mouth three times a day for thirty days. -The prescription label showed a dispense date on 01/20/20. -There had been 90 tablets dispensed. -The Clonazepam was picked up by the facility on 1/21/20 at 9:38am. -There were 61 tablets in the medication bottle. -The prescription bottle label did not match the current order on the MAR.</p> <p>Interview with the Administrator on 02/05/20 at 12:44pm revealed: -She had not spoken with the pharmacy or the physician's about the change in order since May of 2018. -She had taken a copy of the progress note to the pharmacy but they could not accept it. -After that "I just gave up" trying to get the order and label changed. -She did not call the physician's office to notify them of the issue with the Clonazepam. -She gave the Clonazepam 0.5mg 1/2 tablet twice daily and 1 tablet at bedtime.</p> <p>Telephone interview with a pharmacist from the facility's contracted pharmacy on pm revealed: -The current order was for Clonazepam 0.5mg one tablet three times daily written in May of 2018. -The pharmacy had not been notified of any changes in the Clonazepam 0.5mg from the physician's office. -The pharmacy could repackage the medication with a current order if the order had changed.</p>	C 325		
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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
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C 325	Continued From page 8 Telephone interview with a nurse from Resident #2's Primary Care Physician's (PCP) office on 02/05/20 at 1:00pm revealed: -The current order for the Clonazepam 0.5mg was for 1/2 in the am, 1/2 tab near lunch and 1 tab at bedtime. -The order had been written on 05/31/18. -The computer system in the physician's office did not automatically transfer the new medication order to the medication list. -"For some reason" it did not get changed to Resident #2's current medication list. -That was also the reason the physician's order sheets signed by the physician were not correct. -When the pharmacy had requested refills on the Clonazepam 0.5mg the pharmacy had received the one tablet three times a day order instead of the 1/2 tablet twice daily and 1 tablet at bedtime. -The physicians office was not aware of this error until 02/05/20.	C 325	ORDER HAS BEEN CORRECTED BY PHYSICIAN'S OFFICE AND TRANSMITTED TO PHARMACY.	
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's	C 375		

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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28706	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	Continued From page 9 record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure pharmaceutical reviews were completed at least quarterly to ensure medication administration records were current with medication orders for 3 of 3 sampled residents (Residents #1, #2 and #3). The findings are: 1. Review of Resident #1's current FL-2 dated 09/10/19 revealed: -Diagnoses included hypertension, aortic valve stenosis, peripheral vascular disease, anxiety, depression, hyperlipidemia, osteoarthritis and gastroesophageal reflux disease (GERD). -Physician's orders included: losartan (used to treat high blood pressure) 100mg one tablet daily, clopidogrel (used to prevent strokes or heart attacks) 75mg one tablet daily, metoprol (used to treat high blood pressure) 25mg tablet twice daily.	C 375	AN RN FROM THE CLINIC HAS BEEN HIRED TO DO QUARTERLY REVIEWS. DECEMBER REVIEW WAS HI FILED AND IS NOW IN CORRECT FILE. MARCH REVIEW IS COMPLETED. A SCHEDULED DATE IS SET FOR EACH QUARTERLY REVIEW AND WRITTEN ON THE CALENDAR FOR THE FACILITY AND FOR CONTRACTED RN.	

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C 375	<p>Continued From page 10</p> <p>oxybutynin (used to treat an overactive bladder) 5mg tablet three times daily as needed, amlodipine (used to treat high blood pressure) 10mg one tablet daily, production in the cells of the body) 100mg one tablet daily, rosuvastatin (used to treat high cholesterol) 40mg one tablet daily, venlafaxine (used to treat depression) 150mg one tablet daily, pantoprazole (used to treat asprin (to treat pain) 81mg one tablet daily, ubiquinone (used to treat conditions that affect energy- GERD) 40mg one tablet daily, melatonin (used to help with insomnia) 2 gummies at bedtime, metamucil (used to treat constipation) 3 gummies daily, dulcalax (used to treat constipation) 100mg one tablet twice daily as needed, cranberry tabs (used to lower the risk of urinary tract infections) 2 tablets daily, Tylenol (used to treat pain) 500mg 2 tablets every 6 hours, miralax (used to treat constipation) 17grams daily, Vitamin D2 (used to treat the decreased functioning of the parathyroid glands) 1.25mg 1 capsule weekly.</p> <p>Review of Resident #1's Quarterly Pharmacy Reviews revealed there were no Quarterly Pharmacy Reviews completed.</p> <p>Refer to the interview with the Registered Nurse contracted with the facility on 02/04/20 at 1:14pm</p> <p>Refer to the interview with the Administrator on 02/04/20 at 1:19pm.</p> <p>2. Review of Resident #2's current FL-2 dated 03/07/19 revealed: -Diagnoses included hepatic encephalopathy, seizure disorder, chronic pain, memory loss, gastroesophageal reflux disease, urinary frequency. -Physician's orders included: Vitamin D 400 units</p>	C 375		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/05/2020
NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	<p>Continued From page 11</p> <p>(vitamin supplement) one tablet daily, Vitamin B1 (vitamin supplement) one tablet daily, folic acid (used to treat certain types of anemia) one tablet daily, multivitamin (vitamin supplement) one tablet daily, omeprazole (used to treat heartburn) 20mg one tablet twice daily, divalprodx SOD extended release (ER) (used to treat bipolar disorder and seizures) 500mg one tablet twice daily, xifaxan (used to treat diarrhea and prevent the recurrence of certain liver problems) 500mg one tablet twice daily, clonazepam (used to treat seizures and panic disorders) 0.5mg 1/2 tablet twice daily and 1 tablet at bedtime, gabapentin (used to treat seizures and pain disorders) 600mg 1 capsule three times daily, Claritin (used to treat allergies) 10mg one tablet daily, donepezil HCL (used to treat alzheimer's disease) 5mg one tablet at bedtime, Ibuprofen (anti-inflammatory to treat fever and mild pain) 800mg one tablet three times daily as needed, Tylenol (used to treat mild pain) 500mg one tablet four times daily as needed and myrbetrig extended release (used to treat overactive bladder) 25mg one tablet daily.</p> <p>Review of Resident #2's Quarterly Pharmacy Reviews revealed there were no Quarterly Pharmacy Reviews completed.</p> <p>Refer to the interview with the Registered Nurse contracted with the facility on 02/04/20 at 1:14pm.</p> <p>Refer to the interview with the Administrator on 02/05/20 at 1:19pm.</p> <p>3. Review of Resident #3's current FL-2 dated 07/11/19 revealed: -Diagnoses included schizophrenia, allergic rhinitis, major depression, hypertipiemia, obesity. -Physician's orders included: multivitamin (used to treat a vitamin deficiency) one tablet daily.</p>	C 375		

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8999 P7RS11
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3/8/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/06/2020
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NAME OF PROVIDER OR SUPPLIER
B & L FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**842 CANE CREEK ROAD
BAKERSVILLE, NC 28706**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 375

Continued From page 12

Vitamin D3(a vitamin supplement) one tablet daily, levothyroxine (used to treat hypothyroidism) 50mg one tab daily, benztropine(used to treat Parkinson's disease), 1mg tablet twice daily, risperidone (used to treat schizophrenia and bipolar disorder) 1mg tablet twice daily, Depakote (used to treat Bipolar disorder and seizures) extended release (ER) 500mg tablet every morning and 1 tablet at bedtime, Depakote ER 250mg one tablet at bedtime, aspirin 81mg (used to treat mild pain) one tablet every 4 hours as needed.

C 375

Review of Resident #3's Quarterly Pharmacy Reviews revealed there were no Quarterly Pharmacy Reviews completed.

Refer to the interview with the Registered Nurse contracted with the facility on 02/04/20 at 1:14pm.

Refer to the interview with the Administrator on 02/05/20 at 1:19pm.

Interview with the Registered Nurse contracted with the facility on 02/05/20 at 1:14pm revealed:

- She was responsible for completing the facility's Quarterly Pharmacy Reviews.
- She thought she had done the last quarterly review in November 2019 or December 2019 but did not have anything in writing and then hung up the phone.

Interview with the Administrator on 02/05/20 at 1:19pm revealed:

- She was responsible for assuring the Quarterly Pharmacy Reviews were completed on time.
- She had not audited resident records for completed Quarterly Pharmacy Reviews.
- She would have to talk with the contracted RN about ensuring the Quarterly Pharmacy Reviews

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLO61008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/05/2020
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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 375	Continued From page 13 were completed.	C 375		
C 934	G.S. 131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled staff (the Administrator and Staff B) completed the state mandated infection control training annually. The findings are: Interview with the Administrator on 02/04/2020 at 9:15am revealed: -There were four residents currently living in the facility. -She and Staff B were the only staff employed at the facility. -Both she and Staff B administered medications	C 934	INFECTION CONTROL TRAINING WILL BE SCHEDULED AND COMPLETED BY MARCH 30.	

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 3/8/2020
 If continuation sheet 14 of 16

Division of Health Service Regulation

PRINTED: 02/17/2020
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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL061008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

R

02/05/2020

NAME OF PROVIDER OR SUPPLIER

B & L FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

842 CANE CREEK ROAD
BAKERSVILLE, NC 28706

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

C 934

Continued From page 14
to the residents.

A. Review of the Administrator's personnel record revealed:
-She had been employed at the facility since 1991.
-She was the Administrator and Owner of the facility.
-There was no documentation the Administrator had completed the state annual infection control training in 2019 or 2018.
-There was a medication clinical skills checklist for the Administrator, dated 02/08/00.

Refer to interview with the Administrator on 02/05/19 at m.

B. Review of Staff B's personnel record revealed:
-He had been employed at the facility since 1991.
-He was employed as a Supervisor-in Charge.
-There was no documentation Staff B had completed the state annual infection control training in 2018 or 2019.
-There was a medication clinical skills checklist for Staff B, dated 2/8/00.

Interview with Staff B on 02/05/2020 at m revealed:
-He had completed the annual infection control training in the past.

Refer to interview with the Administrator on 02/05/2020 at 2:15pm.

Interview with the Administrator on 02/05/2020 at 2:15pm revealed:
-She was aware both she and Staff B had to complete the infection control training annually.
-She was not sure the last time they had taken the state annual infection control training.

C 934

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL861008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/05/2020
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NAME OF PROVIDER OR SUPPLIER B & L FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 842 CANE CREEK ROAD BAKERSVILLE, NC 28705
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 934	Continued From page 15 -She was responsible for maintaining the personnel records. -She did not have the state infection control training nor did Staff B. -I guess it just slipped my mind to do it."	C 934		

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P7R511
Louella Buchanan ADMIN
 5/8/2020

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